Reviewer 3 v.1

Comments to the Author

The authors have produced a well-written manuscript exploring the utility of a computer-based quantitative HRCT as an efficacy endpoint in a prospective IPF study. This is a topical area of great interest as the authors have eluded to, as new and more reliable biomarkers are needed to monitor and detect early changes of disease progression.

Although the BMS trial was cut short, the purpose of this study was to evaluate the utility of computer-based quantitative CT. Within the confines of a shortened study, the authors were able to demonstrate the value of quantitative HRCT as an efficacy endpoint for new treatment and disease monitoring for IPF. Limitations of the study were noted.

Minor points to clarify:

1) 7 out of 137 were excluded due to improper scanning - were these dictated by a central panel/radiologist associated with the study?

2) Was QILD the only quantitative method used in this study? Or did the authors have data from other methods to compare given the lack of consensus on the optimal methodology?

3) Apart from UCSD-SOBQ, were there any other QOL or physiological score data (e.g. MMRC, ST George Respiratory questionnaires, GAP score) that could be used to further support QILD scores as a tool in patient-reported outcomes?